



Reciprocity Request

Mail Request and Fee to:

Alaska Dept. of Environmental Conservation
Operator Training and Certification Program
P.O. Box 111800
Juneau, AK 99811-1800

Applicant Information:

Name:

Address:

City:

State:

Zip Code:

Home Phone Number:

Cell Phone Number:

Personal Email Address:

Work Phone Number:

Work Email Address:

Current Certification Information

State Certification Agency:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

1. Certificate Number:

System Type:

Class/Level:

2. Certificate Number:

System Type:

Class/Level:

3. Certificate Number:

System Type:

Class/Level:

4. Certificate Number:

System Type:

Class/Level:

Reciprocity Fee: \$300

Make checks or money orders payable to "State of Alaska."

The reciprocity fee can also be paid online. The link to the online payment instructions is at <http://dec.alaska.gov/water/operator-certification/online-fee-payment-standard-fees>. Include a copy of your online payment receipt with your application.

Requests that are incomplete or missing the fee will be returned.

Sec. 46.30.100. Reciprocity.

Certificates may be issued without examination in the comparable classification to an applicant who holds a certificate in a state, territory, or possession of the United States, if its certification requirements and examinations are comparable to those of this state and if reciprocal privileges are granted to operators certified in this state.

	For DEC Use Only
Operator ID	
Date	
Fees Paid	
Certificate 1	
Certificate 2	
Certificate 3	
Certificate 4	
Approved By	

Education:

Do you have a high school diploma or G.E.D.? _____

Name of high school or G.E.D. granting organization: _____

Date of graduation or receipt of G.E.D.: _____

You must a copy of your high school diploma or G.E.D. Failure to do so will result in your application being returned to you.

If you do not have a high school diploma or G.E.D., what is the highest grade level you completed? _____

Postsecondary Education:

List the name of each technical school, college, or university you attended, the dates of attendance, and if you graduated, the month and year of graduation, and your major. Submit transcripts for all education entered here. Use a separate sheet of paper if necessary.

☐ Education has previously been submitted to ADEC and is on file.

Name and Address of Institution	Dates Attended	Did You Graduate? If yes, list date.	List Degree, Major, or Major Course Work

Continuing Education:

Note: Ten hours of approved training is equal to one Continuing Education Unit (CEU). Forty-five CEUs is equivalent to one year of postsecondary education.

Please attach all copies of certificates of completion that you would like reviewed for credit..

Please be aware not all courses are eligible for CEU credit. The Operator Training and Certification Program determines the relevancy of courses; therefore, additional information may be requested from you to determine the relevancy of courses.

Work Experience Information:

Present Employment (or Most Current Employment):

Job Title: _____ Is this a seasonal position? _____
Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
System Name: _____ PWSID (If applicable): _____
System Owner: _____ Supervisor: _____
Supervisor's Phone No.: _____ Supervisor's Email Address: _____

System Type	Wastewater Treatment	Water Treatment	Water Distribution	Wastewater Collection
Percentage spent in system type				

Job Duties/System Description: Please describe your job duties in detail including all activities performed during the course of a normal work day. Examples of activities include making operational decisions that impact process control of a treatment plant, preventive maintenance, daily checks of equipment, etc. Additionally, please include a description of the system being operated including system size, flows, treatment components, chemical or biological processes, number of lift stations, number of services connections, etc.

Wastewater Treatment Job Duties/System Description (If Applicable):

Water Treatment Job Duties/System Description (If Applicable):

Water Distribution Job Duties/System Description (If Applicable):

Wastewater Collection Job Duties/System Description (If Applicable):

Work Experience Information:

Previous Employment:

Job Title: _____ Is this a seasonal position? _____
Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
System Name: _____ PWSID (If applicable): _____
System Owner: _____ Supervisor: _____
Supervisor's Phone No.: _____ Supervisor's Email Address: _____

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Work Experience Information:

Previous Employment:

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Hours per Day: _____ Days per Week: _____ Weeks per Month: _____ Months per Year: _____
Start Date: _____ End Date: _____
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Water Distribution Job Duties/System Description (If Applicable):

Wastewater Collection Job Duties/System Description (If Applicable):

Disciplinary Actions:

I have no pending nor past disciplinary actions levied against me as a water or wastewater operator by any state agency in Alaska nor any other state or territory.

I have pending or past disciplinary actions levied against me as a water or wastewater operator by any state agency in Alaska nor any other state or territory.

Explanation of disciplinary actions including dates and locations. Attached additional sheets if necessary.

Signature of Supervisor (To be completed by your current supervisor.)

I hereby certify that the information provided in the "Present Employment" section of this application made by _____, is true to the best of my knowledge.

Supervisor's Signature

Date

Supervisor's Printed Name

Title

Phone Number

Email Address

Alaskan Operator Code of Ethics

To the best of my ability, I will strive to provide good service, protect and preserve public health, public property and the environment by correctly operating water supply and wastewater system equipment, properly completing required reports, adhering to relevant State and Federal regulations, continuing my education in the field, and working with my utility managers to establish clear operating policies for facilities I operate.

Signature of Applicant

- I certify that the information provided in this application is true and complete to the best of my knowledge.
- I understand that any certification issued based on any omissions or misrepresentations may be revoked by the Operator Training and Certification Program per 18 AAC 74.830.
- I authorize the Operator Training and Certification Program to conduct an investigation of my employment and education records, as well as other statements, for the purpose of verifying my qualifications for certification.
- I understand that this application is a public document and is subject to release upon a request for information.
- I agree to abide by the "Alaskan Operator Code of Ethics."

Applicant's Signature

Date

Questions?

Contact the Operator Training and Certification Program at (907) 465-1139 or dec.opcert@alaska.gov.